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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/236,485 09/06/2002
and claims benefit of 60/483,278 06/27/2003
and said 10/236,485 09/06/2002
is a CIP of 09/947,617 09/06/2001 PAT 6,693,135
which is a CIP of 09/480,738 01/10/2000 PAT 6,323,241
and is a CIP of PCT/US01/00852 01/10/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/21/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 2	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

20572
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TITLE

Methods of treatment of male erectile dysfunction

FILING FEE RECEIVED 1604	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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